

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09

830497

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		1		1		
6						
7					1	
8						1
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TOTAL IND.	1		1		1	
TOTAL DEP.	6		6		5	
TOTAL CLAIMS	7		7		6	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1350 (3-75)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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